. Health,
& Welfare
Public
Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033192
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. — Length of stay in Ib Unknown

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Unknown b. COUNTY Jackson ?
c. CITY OR TOWN Unknown 70000 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Unknown (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First James Middle --- Last Mantle

4. DATE OF DEATH Month Oct Day 4 Year 1958

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar. 3-1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (City and state or country) England 4
12. CITIZEN OF WHAT COUNTRY? U.S.A. ?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE ****

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Records Jackson Co. Hospital — Address Independence Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis
DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-26-58, to 10-4-58 and last saw ~~her~~ him alive on 10-4-58
Death occurred at 11:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Kapin (Degree or title) M.D. — 22b. ADDRESS Lee's Summit Mo. — 22c. DATE SIGNED 10-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
23b. DATE Oct 7, 1958
23c. NAME OF CEMETERY OR CREMATORY Univ. of Kansas City
23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR Langsford Funeral Home — ADDRESS Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG. 10-7-1958
26. REGISTRAR'S SIGNATURE N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed M B Langsford

Licensed Embalmer No. 3833

P. O. Address Lees Summ

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.